

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Page 1 of 47

For Official Use Only

Statement covers period

from 01/01/2023

through 03/31/2023

Date of election if applicable:
(Month, Day, Year)

11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☒ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1393189

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-Elect Senator Atkins 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Diego</u>	<u>CA</u>	<u>92104</u>	<u>() -</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Encinitas</u>	<u>CA</u>	<u>92024</u>	

OPTIONAL: FAX/E-MAIL ADDRESS
nancy@haleyandcompany.com

Treasurer(s)

NAME OF TREASURER
Nancy Haley

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Encinitas</u>	<u>CA</u>	<u>92024</u>	<u>619-708-9744</u>

NAME OF ASSISTANT TREASURER, IF ANY
Danielle Stephen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Encinitas</u>	<u>CA</u>	<u>92024</u>	<u>619-708-9744</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/28/2023 By Nancy R. Haley

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/28/2023 By Toni Atkins

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Toni Atkins

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Held: State Senator

Senate District

39

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

San Diego

CA

92102

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

CA Works: Sen Toni Atkins Ballot Measure Ctm.

I.D. NUMBER

1357909

NAME OF TREASURER

Nancy Haley

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
Encinitas

STATE
CA

ZIP CODE
92024

AREA CODE/PHONE
619-708-9744

COMMITTEE NAME

Toni Atkins for Lt. Governor 2026

I.D. NUMBER

1436346

NAME OF TREASURER

Nancy Haley

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
Encinitas

STATE
CA

ZIP CODE
92024

AREA CODE/PHONE
619-708-9744

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/31/2023	Page 3 of 47
I.D. NUMBER 1393189		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Senator Atkins 2020

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$0.00	\$0.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$0.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$0.00	\$0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$193,154.82	\$193,154.82
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$193,154.82	\$193,154.82
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$550.70)	\$5,464.76
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$192,604.12	\$198,619.58

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$774,652.90	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$7,591.84	
15. Cash Payments	Column A, Line 8 above	\$193,154.82	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$589,089.92	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$5,464.76

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/31/2023	Page 4 of 47
NAME OF FILER Re-Elect Senator Atkins 2020		I.D. Number 1393189

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$0.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$0.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Senator Atkins 2020

I.D. NUMBER
1393189

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Senator Atkins 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2023</u> through <u>03/31/2023</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Senator Atkins 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/31/2023	Page 8 of 47
NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/19/2023	Payee Name: Dave Min for Congress Candidate Name: David Min US House of Representatives District 47 Jurisdiction: California	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2024P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/20/2023	Payee Name: Friends of Tina Kotek Candidate Name: Tina Kotek Governor Jurisdiction: Oregon	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/13/2023	Payee Name: Josh Newman for Senate 2024 Candidate Name: Josh Newman State Senator District 29 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,500.00	\$5,500.00	2024P: \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$65,700.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$65.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$65,765.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

CALIFORNIA
FORM 460

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NAME OF FILER
Re-Elect Senator Atkins 2020

I.D. NUMBER
1393189

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2023	Payee Name: Alvarado-Gil for Senate 2026 Candidate Name: Marie Alvarado-Gil State Senator District 04 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,500.00	\$5,500.00	2024P: \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/13/2023	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$45,500.00	\$45,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/22/2023	Payee Name: Chris Holden for Supervisor 2024 Candidate Name: Chris Holden County Supervisor District 5 Jurisdiction: County of Los Angeles	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2024P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/27/2023	San Diego County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$6,000.00	\$6,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/31/2023	Page 10 of 47
NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2023	Run Women Run	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$100.00	\$100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/22/2023	YIMBY Democrats of SD County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$100.00	\$100.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$65,700.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 11 of 47 I.D. NUMBER 1393189
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Senator Atkins 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Remcho LLP Sacramento, CA 95814	PRO			\$170.00
Pamela Ison San Diego, CA 92101	CNS			\$1,500.00
Firefighters Print & Design (FP&D) Sacramento, CA 95833	CMP			\$48.45

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$192,924.17
2. Unitemized payments made this period of under \$100.	\$230.65
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$193,154.82

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
through 03/31/2023		Page 12 of 47
NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Women of Color Roar San Diego, CA 92122	CVC			\$500.00
Haley & Company LLC Encinitas, CA 92024	PRO			\$3,000.00
Blueberry Ink Boca Raton, FL 33432	CMP	1/18/23: Gifts: Jackets to Members (39)		\$1,770.87
Dave Min for Congress Irvine, CA 92616	CTB			\$1,000.00
Committee ID: C00831537 Friends of Tina Kotek Portland, OR 97242	CTB			\$1,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Senate Democratic Caucus Fund Sacramento, CA 95814	MTG			\$750.00
Senate Rules Committee Sacramento, CA 95814	MTG			\$400.00
Planned Parenthood of the Pacific SW, Inc. San Diego, CA 92108	CVC			\$5,000.00
SD Coalition of Reproductive Justice San Diego, CA 92168	CVC			\$500.00
Equality California Los Angeles, CA 90010	CVC			\$2,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Equality California Los Angeles, CA 90010	CVC			\$3,000.00
Meredith McNamee Sacramento, CA 95864	TRS	See Sch. G		\$1,057.95
Amy Mangan Carlsbad, CA 92011	TRS	See Sch. G		\$1,537.50
Statehouse LLC Granite Bay, CA 95746	MTG	1/12/23: Catering for Staff Retreat (30 total)		\$3,013.59
Cox Business Phoenix, AZ 85072	OFC			\$162.38

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**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

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NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Douglas Case San Diego, CA 92120	OFC			\$87.21
KM Strategies, Inc. San Diego, CA 92167	MTG	See Sch. G		\$1,176.00
San Diego Pride San Diego, CA 92104	CVC			\$1,500.00
Josh Newman for Senate 2024 Fullerton, CA 92835	CTB			\$5,500.00
Committee ID: 1435010 Alvarado-Gil for Senate 2026 Jackson, CA 95642	CTB			\$5,500.00
Committee ID: 1457661				

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95814	CTB			\$45,500.00
Committee ID: 741666				
Firefighters Print & Design (FP&D) Sacramento, CA 95833	CMP		Embroidered Jackets (39) for Members	\$1,998.83
ISPolitical.com San Diego, CA 92116	OFC			\$57.50
Downtown Mail and Shipping Sacramento, CA 95814	POS			\$28.50
Blackwell's Wines & Spirits San Francisco, CA 94121	OFC		01/05/23: Birthday Gift for Supporter	\$76.38

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon.com Seattle, WA 98109	OFC			\$10.76
Alaska Airlines Seattle, WA 98168	TRC		1/20-1/22/23: Candidate & Spouse SAN - PDX for Gov. Elect Inaugural Ball	\$1,395.62
Costco Roseville, CA 95678	OFC			\$186.14
Target Sacramento, CA 95818	OFC			\$239.05
Hyatt Regency Portland, OR 97232	TRC		1/21/23: Lodging for Gov. Elect Inaugural Ball	\$182.70

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Total Wine & More Sacramento, CA 95825	OFC		01/20/23: Beverages for New Member Reception	\$155.55
Southwest Airlines Dallas, TX 75235	TRC			\$11.20
The Bouqs Company Marina Del Rey, CA 90292	OFC		01/27/23: Birthday Flowers to Supporter	\$120.91
Downtown Mail and Shipping Sacramento, CA 95814	POS			\$15.58
Best Buy San Diego, CA 92108	OFC			\$90.25

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC		2/24-2/25/23: SAN-SJC for LGBTQ Leadership Fund Event	\$307.97
Verizon Wireless Dallas, TX 75266	OFC			\$131.90
Southwest Airlines Dallas, TX 75235	TRC			\$22.15
M&M's Hackettstown, NJ 07840	OFC		Limited Edition Choc. Candy: One to Each Member (Senate/Asm.) during Women's History Month (\$4 value), Additional for Dist. Office	\$896.18
Hope & Grace Wines Yountville, CA 94559	OFC		1/25/23: Thank you Gift for Staff Support	\$121.21

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Downtown Mail and Shipping Sacramento, CA 95814	POS			\$7.56
Amazon.com Seattle, WA 98109	OFC			\$99.00
Chefs Toys Sacramento, CA 95811	OFC			\$123.95
Ruth's Chris Steak House Sacramento, CA 95825	OFC	1/27/23:	Retirement Gift Card for State Employee	\$200.00
Nugget Markets West Sacramento, CA 95691	OFC	1/31/23:	New Member Reception	\$402.00

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Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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Home Goods Sacramento, CA 95825	OFC			\$118.47
Chase Card Services Palatine, IL 60094	OFC		See Sch. G for Reportable Expenditures	\$747.34
Chase Card Services Palatine, IL 60094	OFC		See Sch. G for Reportable Expenditures	\$1,344.00
Cesar Ricardo Diaz Garcia Sacramento, CA 95822	TRS		3/8/23: Staff Travel Reimb. IAD-SMF for Delegation Trip to DC	\$399.00
Meredith McNamee Sacramento, CA 95864	TRS		3/2-3/8/23: Staff Travel Reimb. SMF- IAD for Delegation Trip to DC	\$340.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chris Holden for Supervisor 2024 Pasadena, CA 91105	CTB			\$1,000.00
Committee ID: 1458291 Amy Mangan Carlsbad, CA 92011	TRS			\$47.50
Nicholas Hardeman Sacramento, CA 95819	TRS	See Sch. G		\$798.00
Brenda Hagerty San Diego, CA 92107	TRS	3/2-3/8/23: Staff Travel Reimb. SAN - DCA for Delegation Trip to DC		\$190.13
Haley & Company LLC Encinitas, CA 92024	PRO			\$3,795.41

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Diego County Democratic Party San Diego, CA 92123	CTB			\$6,000.00
Committee ID: 741906 Cox Business Phoenix, AZ 85072	OFC			\$81.65
Kimberly Rodriguez Sacramento, CA 95822	TRS		3/4-3/8/23: Staff Travel Reimb. SMF - DCA for Delegation Trip to DC	\$248.61
Coronado Democratic Club Coronado, CA 92178	MTG			\$35.00
Nicholas Hardeman Sacramento, CA 95819	MTG		See Sch. G	\$1,665.62

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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ISPolitical.com San Diego, CA 92116	OFC			\$57.50
Amazon.com Seattle, WA 98109	OFC			\$84.56
Wrapped All Up Rancho Cordova, CA 95742	OFC			\$50.84
Downtown Mail and Shipping Sacramento, CA 95814	POS			\$7.49
Bloem Decor Florist Sacramento, CA 95814	OFC	2/10/23:	Birthday Flowers to Staff	\$135.88

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carmel Valley Democratic Club San Diego, CA 92130	MTG			\$50.00
La Mesa-Foothills Democratic Club La Mesa, CA 91944	CTB			\$65.00
Committee ID: 930381 Point Loma / Ocean Beach Democratic Club San Diego, CA 92169	MTG			\$75.00
Coronado Democratic Club Coronado, CA 92178	MTG			\$100.00
Torrey Pines Democratic Club Del Mar, CA 92014	MTG			\$100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
through 03/31/2023		Page 26 of 47
NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Black Mountain Democratic Club San Diego, CA 92196	MTG			\$100.00
Pacific Beach Democratic Club San Diego, CA 92169	MTG			\$100.00
Clairemont Democratic Club San Diego, CA 92117	MTG			\$100.00
San Diego Downtown Democratic Club San Diego, CA 92101	MTG			\$100.00
Rancho Santa Fe Democratic Club Rancho Santa Fe, CA 92067	MTG			\$50.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Diego Leadership Alliance San Diego, CA 92122	CVC			\$200.00
Downtown Mail and Shipping Sacramento, CA 95814	POS			\$34.83
Verizon Wireless Dallas, TX 75266	OFC			\$131.90
Downtown Mail and Shipping Sacramento, CA 95814	POS			\$17.54
Nothing Bundt Cakes Sacramento, CA 95825	OFC			\$30.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Run Women Run San Diego, CA 92116	CTB			\$100.00
Committee ID: 1311775 Costco Roseville, CA 95678	OFC			\$192.69
NTA America Inc. Gardena, CA 90248	TRC		3/31-4/8/23: CA Senate Delegation Trip to Japan (Hotel & Rail Ticket)	\$2,809.00
NTA America Inc. Gardena, CA 90248	TRS		3/31-4/8/23: Staff CA Senate Delegation Trip to Japan (Hotel & Rail Ticket)	\$2,357.00
California Sister Sebastopol, CA 95472	OFC		2/3/23: Birthday Flowers to Supporter	\$132.83

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nicholas Hardeman Sacramento, CA 95819	MTG		See Sch. G	\$230.25
EMC Research Inc. Columbus, OH 43214	POL			\$36,000.00
Meredith McNamee Sacramento, CA 95864	MTG		See Sch. G	\$442.63
Olson Remcho LLP Sacramento, CA 95814	PRO			\$1,995.00
Chase Card Services Palatine, IL 60094	OFC		See Sch. G for Reportable Expenditures	\$24,023.99

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Haley & Company LLC Encinitas, CA 92024	PRO			\$3,054.84
Jason Liles Healdsburg, CA 95448	OFC			\$399.82
Nicholas Hardeman Sacramento, CA 95819	MTG	See Sch. G		\$2,092.78
Human Rights Campaign Washington, DC 20036	CVC			\$500.00
Cox Business Phoenix, AZ 85072	OFC			\$81.65

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brenda Hagerty San Diego, CA 92107	TRS		3/2-3/8/23: Staff Travel Reimb. SAN - DCA for Delegation Trip to DC	\$315.00
Statehouse LLC Granite Bay, CA 95746	MTG		3/21/23: Breakfast Meeting w/Candidate +9 Members	\$440.55
DCCSSI-VI (Barrel & Board) San Diego, CA 92103	MTG		4/13/23: Women of the District Reception	\$1,607.57
The San Diego LGBT Community Center San Diego, CA 92163	CVC			\$2,500.00
International Court Council San Diego, CA 92163	CVC			\$750.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
through 03/31/2023		Page 32 of 47
NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BevMo Sacramento, CA 95811	OFC		2/28/23: Birthday Gift for Staffer	\$79.37
ISPolitical.com San Diego, CA 92116	OFC			\$57.50
BevMo Sacramento, CA 95811	OFC		3/3/23: Birthday Gift for Speaker (\$99.99 value)	\$121.78
Best Buy San Diego, CA 92108	OFC			\$34.46
Amazon.com Seattle, WA 98109	OFC			\$13.57

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon.com Seattle, WA 98109	OFC			\$66.14
Iron Horse Vineyards Sebastopol, CA 95472	OFC		03/13/23: Appreciation Gifts to Consultants (2 @ \$73.96 ea.)	\$147.93
Amazon.com Seattle, WA 98109	OFC			\$108.89
Tablevine Sacramento, CA 95814	MTG		3/20/23: Working Lunch w/Candidate, 2 Staff & 1 Guest	\$108.75
Verizon Wireless Dallas, TX 75266	OFC			\$131.90

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
YIMBY Democrats of SD County San Diego, CA 92116	CTB			\$100.00
Committee ID: 1424786 Paskett Winery Acampo, CA 95220	OFC		3/21/23: Birthday Gift to Supporter	\$55.18
Southwest Airlines Dallas, TX 75235	TRC			\$24.12
Downtown Mail and Shipping Sacramento, CA 95814	POS			\$29.31
Target Sacramento, CA 95818	OFC			\$14.12

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
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NAME OF FILER Re-Elect Senator Atkins 2020		I.D. NUMBER 1393189

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nothing Bundt Cakes Sacramento, CA 95825	OFC			\$56.00
Ralphs San Diego, CA 92101	OFC			\$83.71
Costco Roseville, CA 95678	OFC			\$209.73

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SUBTOTAL \$192,924.17

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2023
through 03/31/2023

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-Elect Senator Atkins 2020

I.D. NUMBER
1393189

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Olson Remcho LLP Sacramento, CA 95814	PRO	\$170.00	\$0.00	\$170.00	\$0.00
Pamela Ison San Diego, CA 92101	CNS	\$1,500.00	\$0.00	\$1,500.00	\$0.00
Haley & Company LLC Encinitas, CA 92024	PRO	\$3,000.00	\$0.00	\$3,000.00	\$0.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$5,463.30
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$6,014.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$550.70)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chase Card Services Palatine, IL 60094	OFC See Sch. G for Reportable Expenditures	\$1,345.46	(\$1.46)	\$1,344.00	\$0.00
Haley & Company LLC Encinitas, CA 92024	PRO	\$0.00	\$3,034.58	\$0.00	\$3,034.58
Chase Card Services Palatine, IL 60094	OFC See Sch. G for Reportable Expenditures	\$0.00	\$2,430.18	\$0.00	\$2,430.18
SUBTOTALS		\$6,015.46	\$5,463.30	\$6,014.00	\$5,464.76

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Re-Elect Senator Atkins 2020

I.D. NUMBER
1393189

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase Card Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Democratic Woman's Club of SD Co. San Diego, CA 92167	MTG			\$100.00
John Fluevog Shoes Portland, OR 97205	OFC		1/21/22: Appreciation Gifts for Staff (2) value \$257.34 ea.	\$514.68
Tablevine Sacramento, CA 95814	MTG		3/14/23: Dinner Mtg w/Candidate +1 Member	\$222.70
Sofitel Hotel - Lafayette Square Washington, DC 20005	TRS		3/5-3/8/23: Staff Lodging for DC Delegation Trip	\$758.88

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1596.26

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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1393189

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase Card Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sofitel Hotel - Lafayette Square Washington, DC 20005	TRC		3/6/23: Dinner w/Candidate, 4 Members & 3 Guests during DC Delegation Trip	\$889.71
Eclipse Chocolate San Diego, CA 92104	OFC		3/22/23: Chocolate for Members Dinner (8 @ \$16.86 ea.)	\$236.00
Dropbox Inc. San Francisco, CA 94158	OFC			\$203.88
Tablevine Sacramento, CA 95814	MTG		2/13/23: LGBTQ Caucus Leaders Dinner - Candidate, Spouse +5 Members	\$466.17

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1795.76

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Re-Elect Senator Atkins 2020

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1393189

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ritz-Carlton Half Moon Bay Half Moon Bay, CA 94019	MTG		Beverages at LGBTQ Caucus Event	\$135.57
Japan Airlines Washington, DC 20590	TRS		3/31-4/8/23: SAN-Tokyo Haneda, Japan: CA Senate Delegation Trip (Staff)	\$8,109.35
Japan Airlines Washington, DC 20590	TRS		3/31-4/8/23: SAN-Tokyo Haneda, Japan: CA Senate Delegation Trip (Spouse)	\$7,841.15
Japan Airlines Washington, DC 20590	TRC		3/31-4/8/23: SAN-Tokyo Haneda, Japan: CA Senate Delegation Trip	\$7,841.15

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$23927.22

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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1393189

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase Card Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tablevine Sacramento, CA 95814	MTG		Drinks & Appetizers	\$132.66
Enterprise Rent-a-Car Sacramento, CA 95814	TRC		2/24-2/25/23: Transportation to LGBTQ Caucus Event (San Jose to Half Moon Bay)	\$145.49
J.E.B. Interprises Inc. / NFL Shop Andover, MN 55304	OFC		2/11/23: Appreciation Gift to Consultant	\$59.72

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$337.87

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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1393189

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Nicholas Hardeman

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
La Vie Washington, DC 20024	MTG		3/6/23: Dinner @ DC Leg Trip w/Candidate, 4 Members & 5 Staff	\$1,665.62
United Airlines Inc. Houston, TX 77210	TRS		3/5-3/8/23: Staff Travel Reimb. SMF - IAD for Delegation Trip to DC	\$798.00
The Monocle Washington, DC 20002	MTG		3/8/23: Lunch w/4 Members, +3 Staff @ DC Leg Trip	\$230.25
Morton's The Steakhouse Sacramento, CA 95814	MTG		3/22/23: Reimb. for Dinner w/Candidate, Spouse +8 Members	\$2,092.78

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4786.65

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FPPC Form 460 (June/01)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

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1393189

NAME OF AGENT OR INDEPENDENT CONTRACTOR
KM Strategies, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: Vrbo, Austin, TX 78759, TRC, 4/27-4/29/23: Lodging for Sen Majority Leader Event, \$1,176.00.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$1176.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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1393189

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Amy Mangan

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hyatt Regency Portland, OR 97232	TRS		1/20-1/22/23: Lodging for Gov. Elect Inaugural Ball	\$445.14
Alaska Airlines Seattle, WA 98168	TRS		1/20-1/22/23: SAN-PDX for Gov. Elect Inaugural Ball	\$794.78
Enterprise Rent-a-Car Sacramento, CA 95814	TRS		1/20-1/22/23: Transportation for Gov. Elect Inganura Ball	\$246.58

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1486.50

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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1393189

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Meredith McNamee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Alaska Airlines Seattle, WA 98168	TRS		1/20-1/22/23: SMF-PDX for Gov. Elect Inaugural Ball	\$508.77
Founding Farmers Washington, DC 20006	MTG		3/5/23: Dinner w/Candidate, 2 Members, & 5 Staff @ DC Delegates Trip	\$442.63
Hyatt Regency Portland, OR 97232	TRS		1/20-1/22/23: Lodging for Gov. Elect Inaugural Ball	\$407.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1358.54

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 01/01/2023
through 03/31/2023

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SEE INSTRUCTIONS ON REVERSE

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I.D. NUMBER
1393189

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
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Statement covers period
from 01/01/2023
through 03/31/2023

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NAME OF FILER
Re-Elect Senator Atkins 2020

I.D. NUMBER
1393189

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/9/2023	CA Works: Sen. Toni Atkins Ballot Measure Ctm. Encinitas, CA 92024 Filer ID: 1357909	Fair Market Value E-Mail Transfer	\$7,356.20

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$7,356.20

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$7,356.20
2. Unitemized increases to cash under \$100 this period.	\$235.64
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$7,591.84